

Developmental Services; and Alcohol, Drug Abuse and Mental Health agree to the following provisions:

I. The AHCA Medicaid Office and all coordinating HRS headquarters program offices will:

A. Ensure that the EPSDT screen is utilized as the initial health care assessment for all EPSDT eligible children served by HRS.

B. Ensure the EPSDT screening and treatment services are utilized for the provision of preventive and primary health care for all EPSDT eligible children served by HRS.

C. Coordinate with and obtain the approval of the AHCA Medicaid Office on issuance of policy guidelines, training and technical assistance procedures regarding the EPSDT program.

D. When established, serve on the statewide EPSDT coordinating committee with the function of providing technical assistance and statewide coordination of the EPSDT program.

E. Share applicable child health information, reports and statistical data with coordinating program offices.

F. Coordinate with the AHCA Medicaid Office in the development of Medicaid reimbursable services which promote a continuum of health care for children in the least restrictive, most cost effective setting possible.

G. Abide by federal regulations pertaining to

confidentiality and the disclosure of information regarding Medicaid applicants and eligible recipients as outlined in Section IX of this agreement.

II. Headquarters AHCA Medicaid Office will:

A. Provide through Medicaid fiscal agent contractor and the Medicaid contract management unit, monthly reports of EPSDT recipients informed of services, due screenings, screened and requiring treatment. Reports will be distributed monthly to the area Medicaid offices. The area EPSDT administrative case managers will distribute the reports to the county public health units.

B. Ensure that reimbursement is made to eligible providers based upon correct billing procedures as outlined in the appropriate provider handbook.

C. Serve as liaison among all offices involved in the EPSDT program.

D. Ensure through coordination with the headquarters HRS offices of Economic Service; Children and Families; State Health; Children's Medical Services; Developmental Services; and Alcohol, Drug Abuse and Mental Health that procedures for EPSDT case management as mandated by federal regulations are implemented.

E. Ensure that training in EPSDT screening, treatment, and case management services is provided to area AHCA Medicaid office staff and providers.

F. Ensure that area AHCA procedures for EPSDT case management are accurate and up-to-date to ensure that parents, guardians and eligible individuals are informed of the availability of initial and periodic screening services and that arrangements are made for eligible individuals to receive these services, as well as needed support services. Information should also be provided on the benefits of screening and follow-up diagnostic and treatment services.

G. Ensure that EPSDT subsystem informing letters are developed and mailed to recipients in accordance with EPSDT informing standards.

H. Share applicable screening data and statistical reports with coordinating program offices.

I. Coordinate EPSDT special projects with other social service agencies, public health units and other program offices.

J. Develop and disseminate EPSDT outreach materials to recipients, area staff, providers and community groups in accordance with federal EPSDT regulations.

III. Headquarters HRS Economic Service Program Office will:

A. Ensure that all newly approved Aid to Families with Dependent Children (AFDC), other Medicaid recipients, and those reapproved after a period of ineligibility are advised of the availability of initial and periodic screening services in accordance with procedures outlined in the EPSDT

area procedures guide and documented in the case file.

B. Ensure that HRS Form 1248 is issued and forwarded to the EPSDT case managers and to district Women, Infants and Children (WIC) coordinators.

C. Ensure that the indicator on the FLORIDA System regarding EPSDT referrals is accurate and up-to-date for each newly eligible, reapproved or reenrolled public assistance or Child In Care (CIC) recipient. The indicator should be completed as follows:

Y = Yes, acceptance of EPSDT services

N = No, refusal of EPSDT services

D. Ensure that correct information pertaining to EPSDT is transmitted from the FLORIDA system to FMMIS via the electronic interface.

IV. Headquarters HRS Children and Families Program Office will:

A. Ensure that Medicaid Administrative Case Management activities are provided in accordance with state and federal Title XIX regulations.

B. Ensure that all Medicaid eligibles for whom the Children and Families Program Office has lead responsibility are issued a valid Medicaid identification card.

C. Ensure that case managers are notified when a child in HRS care becomes eligible for EPSDT services.

D. Ensure that changes that may affect the recipient

eligibility file for all Medicaid eligibles for whom the Children and Families Program Office has lead responsibility are reported to public assistance staff in a timely manner.

V. HRS State Health Office will:

A. Supervise the administration of screening services in HRS county public health units serving as Medicaid providers.

B. Ensure that HRS county public health units are provided procedural standards to assure uniformity in statewide program administration and timely scheduling of Medicaid eligibles for screening.

C. Ensure that HRS county public health units act as screening providers and coordinate activities with the area Medicaid office.

D. Ensure that children referred to the WIC program are screened for eligibility and provided services as appropriate within existing program limitations.

E. Coordinate with other existing HRS county public health unit services (well-baby visits, school visits, maternal-infant care visits) to avoid unnecessary duplication of such services and maximize Title XIX services between HRS county public health units and the EPSDT program.

F. Ensure that Medicaid funded case management staff provide case management services in accordance with state

and federal Title XIX regulations.

VI. Headquarters HRS Children's Medical Services (CMS)

Program Office will:

A. Supervise the administration of screening services in CMS clinics serving as Medicaid providers.

B. Ensure that Children's Medical Services clinics act as screening and treatment providers for CMS patients and coordinate EPSDT-related activities with the area Medicaid Office.

C. Ensure that targeted case management services are provided to eligible recipients as appropriate within a coordinated health care delivery system.

D. Provide medical consultation to the Medicaid Office concerning the appropriate service provision for medically fragile children or children with special health care needs including organ transplantations.

VII. Headquarters HRS Developmental Services Program Office will:

A. Coordinate with other existing screening services in order to avoid duplication of such services under the EPSDT program and maximize Title XIX services between Developmental Services and the EPSDT program.

B. Provide consultation to the Medicaid office concerning appropriate service provision for children with developmental disabilities.

VIII. Headquarters HRS Alcohol, Drug Abuse and Mental Health Program Office will:

A. Coordinate with district ADM program offices to maximize the utilization of Medicaid funded substance abuse and mental health services through eligible providers for eligible recipients.

B. Provide technical assistance to district ADM program offices and substance abuse and mental health providers to improve the capacity, capability and expertise of providers to serve children within a coordinated system of health care delivery.

C. Ensure that targeted case management services are provided to eligible recipients as appropriate within a coordinated system of health care delivery.

IX. Confidentiality:

A. The use or disclosure of information concerning applicants and recipients is restricted to purposes directly related to administration of the Medicaid State Plan.

B. EPSDT services including examination, diagnosis, treatment, outreach, informing, and assistance with transportation and scheduling appointments for services are considered activities directly related to State Plan administration.

C. Medical information is privileged and may only be released with the patient's permission.

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D. Any agency or provider with a written cooperative or provider agreement to perform EPSDT services which includes the activities of outreach and/or assistance with transportation or scheduling appointments is considered an extension or arm of the Medicaid agency and may be furnished, without the consent of the individual, such information as name, address and Medicaid identification number, providing the following confidentiality requirements are met.

E. The following criteria specifies the conditions for release and use of information about applicants and recipients:

1. Information access is restricted to persons or agency representatives subject to legal sanctions or standards of confidentiality that are at least comparable to those of the Medicaid agency.

2. Release of names of applicants and recipients which may be used by outside sources (sources not under agreement with the agency to provide EPSDT services for recipients) is prohibited.

3. Written permission must be secured from a family or individual before responding to a request for information from an outside source.

4. Information may be exchanged when the agency is located within the state structure if the regulatory

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requirements for safeguarding information on applicants and recipients are met.

HEALTHY START

The State Health Office within the Department of Health and Rehabilitative Services is responsible for administering the Healthy Start Initiative, as defined in the Healthy Start Act of 1991, and for specifically selecting and administering prenatal and infant health care coalitions.

The purpose of the Healthy Start Initiative is to assure that all pregnant women and infants have access to prenatal and infant care through development of locally coordinated systems of care, with emphasis in assuring access for Medicaid eligible women and infants. A local Healthy Start coalition will be the agency under contract with the department to coordinate and develop the system of care. The coalition consists of a broad base of community organizations and agencies, both public and private, as well as health care providers and client advocates who have an active interest in maternal and child health.

I. The Department of Health and Rehabilitative Services is responsible to:

A. Select local coalitions through an application process.

B. Prepare contracts with selected coalitions detailing the required work products and time frames.

C. Ensure that the coalitions develop coordinated